

## Louisiana Department of Education Office of Analytics/Systems Management Section

## Closing School Form rev. 10/2015

Contact: Jacqueline Edwards, EIC | Email: Jacqueline.edwards@la.gov Please complete this form if your district is closing a school.

Today's Date:						
LEA Name:						
Contact Person:		Phone Number		Email:		
We are requesting the closure of the following school:						
Site Name:			Site Code:			
Date of Closure:		Is this a temporary closure? (re-open within 3 years): <b>yes no</b>				no
Students attending th	is school v	will be moved to	the following	schools:		
Site Code	Name of School		# Number of Students		Grades	
Please explain reason for closure below:						
Comments:						
Signature of Superintendent:		Print Name:	Print Name:		Date:	
Sponsor Site Coordinator Signature:		Print Name			Date:	

Note: The form must be typed and changes will not be made without proper signatures.